## MONTANA TECHNOLOGY INNOVATION PARTNERSHIP INTAKE FORM

First Name	Last Name	Company Name & Address
Email Address	Web Site Address	Street Address
City	State	Zip
Telephone	Fax	Cell
(Kelly—high lighted are	eas are not required fields)	
<b>Gender:</b> Female Male		
Race: (optional)African AmericanAsianCaucasianHispanicNative American  Veteran Status (optionService-Disabled VeVeteran Non-Veteran	•	
Other  1. <b>Referral Informatio</b>		
How did you hear about	the Montana Technology In	nnovation Partnership Program?
	_	nd insert these options: SBIR, ization and Technology, General
Research Grant Professional Technical	Assistance Center	
Small Business Develop University Word of Mouth		

 $2. \ \ \textbf{Organizational Size and Structure:}$ 

Have you established and formed a company?yesnonot applicable
What date was it formed?monthdayyear
Total number of employees:full timepart-time
Does your company have sales?yesno
Structure: this should be a drop down pick list the MTIP site Corporation Limited Liability Company Non-Profit Corporation Not in Business at this time Partnership Sole Proprietorship Sub S Corporation
3. Business Type: this should be a drop down pick list at the MTIP site Certified SDB or SBA 8(a) Small Disadvantaged Small Minority-Owned Small Other Small Woman-Owned Small
4. Industry Type: this should be a drop down pick list at the MTIP site AerospaceAgricultureBioscienceEnergyForestryInformation TechnologyOther
5. In non-confidential terms, briefly describe the nature of your core technology. Leave space for up to 100 characters.
6. Describe one end user for your product or service. Leave space for up to 100 characters.
7. How would that end user benefit by having it. <b>Leave space for up to 100 characters.</b>
8. Do you have specific questions or concerns to be addressed? <b>Leave space for up to 250 characters.</b>